Exhibit G

SFDPA - 0179-14 - 000098

EXHIBIT G

PLEASE SEE THE DVD PROVIDED WITH THE REPORT

Case# [redacted]

MEDICAL EXAMINER'S REGISTER

CITY AND COUNTY OF SAN FRANCISCO - RECORD OF DEATH

Name: GONGORA, LUIS

Alias: DOE #44, JOHN

ADDRESS: NO FIXED ADDRESS

DATE OF DEATH: 04/07/2016 TIME: 12:42 PM REPORTED BY: NP R. MENZA

DATE OF REPORT 04/07/2016 TIME: 1:00 PM REPORTED PHONE: 206-8201

PLACE OF DEATH: SFGH 4 ICU ZIP: 94103

TYPE OF CASE: 187 OFFICER INV DATE AND TIME OF INCIDENT: 04/07/2016 10:00 AM

PLACE OF INCIDENT: SHOTWELL BETWEEN 18TH AND 19TH ZIP: 94110

NEXT OF KIN: DATE NOTIFIED 04/08/2016

BIRTHDATE: [redacted] AGE: 45 SS# SEX: MALE RACE WHITE HISPA

RECEIVED AT MEDICAL EXAMINER: 04/07/2016 TIME: 4:00 PM

RELEASED TO: Funeraia Bayview FUNERAL DIRECTOR

RELEASED DATE: 04/11/2016 TIME: 16:15

RECEIVED BY: _____ CLOTHING RECEIVED: No

RELEASE SIGNED BY _____ RELATIONSHIP: [redacted]

POUCH: No RESIDENCE SEALED:NO

PROPERTY LISTING	INITIALS	EVIDENCE LISTING	INITIALS
SEALED IN POUCH	( )	3 AMS	( )
		2 GSR samples (WITH BODY	( )
		16 photos	( )

VERIFIED BY: MN DATE: 4/11/2016

PUBLIC ADMINISTRATOR: DATE NOTIFIED:

PLACED IN BOX #: _____ RECEIVED AMOUNT: $0.00 CHECK#: _____

RECEIVED BY: _____ RELATIONSHIP: _____ DATE/TIME: _____

RECEIVED BY: _____ RELATIONSHIP: _____ DATE/TIME: _____

BODY SEARCHED BY: MARK NAGAYO #112 AT: SFGH

PREMISES SEARCHED BY: NO AT: _____

PREMISES SEALED BY: NO DATE: _____

EXAMINATION: AUTOPSY PERFORMED BY: PARK M.D.

EVIDENCE DISPOSITION: _____

INVESTIGATORS: THOMAS MCDONALD #110 MARK NAGAYO #112

I HEREBY CERTIFY THAT THE FOREGOING IS A FULL, TRUE AND CORRECT COPY OF THE ORIGINAL
9-29-2016

Case#:	2016-0349			Status:	CLOSED
Name:	GONGORA	LUIS	alias:	DOE #44	JOHN

Police Notified	YES		
Police_Office:	SFPD	Police_At_Scene:	NO
Police_Officer:	PERALTA	Officer:	PERALTA
		Station:	MISSION
Homicide_Office:	SFPD	SFPD_Case#:	[redacted]
Homicide Officer:	HUTCHINGS		
Notification Date:	04/07/2016	AIB_or_HR_Notified:	
Notification Time:	13:53	Date:	
		AIB_Officer:	
		Nature:	187 OFFICER INV

Fingerprints_Taken:	YES	Palmprints_Taken:	NO		
Taken_By:	J. WASLEY				
Taken Date:	04/07/2016				
To_SFPD_Date:	04/07/2016	Match:	Y	Match#:	[redacted]
To_CII_Date:	04/07/2016	Match:		Match#:	
To_FBI_Date:	04/07/2016	Match:		Match#:	
Photos_Date:	04/07/2016	Taken_By:	TMM		

Case#: [redacted]

MEDICAL EXAMINER / INVESTIGATOR'S REPORT

CITY AND COUNTY OF SAN FRANCISCO - RECORD OF DEATH

NAME: GONGORA LUIS Date/Time of Death: 04/07/2016 12:42 PM

PLACE OF DEATH SFGH 4 ICU Age: 45 Sex: MALE Ht: 5'6" Wt: 152
Race: WHITE HISPANIC

POLICE NOTIFIED	POLICE STATION NOTIFIED	POLICE OFFICER
YES	SFPD	PERALTA

HOMICIDE NOTIFIED	DATE	TIME	HOMICIDE OFFICER
SFPD	04/07/2016	1:53:00 PM	HUTCHINGS

MARITAL STATUS: UNKNOWN

IDENTIFIED BY: FINGERPRINT COMPARISION AT: SFPD ID BUREAU DATE: 04/07/2016

FINGERPRINTS TAKEN	PALMPRINTS	PRINTS TAKEN BY	DATE
YES	NO	J. WASLEY	04/07/2016

TO SFPD DATE: 04/07/2016 TO CII DATE: 04/07/2016

SFPD MATCH: Y SFPD MATCH#: [redacted] CII MATCH: CII MATCH#:

TO FBI DATE: 04/07/2016 PHOTOS DATE: 04/07/2016

FBI MATCH: FBI MATCH#: TAKEN BY: TMM

POLICE AT SCENE	AT SCENE OFFICER	POLICE STATION
NO	PERALTA	MISSION

SFPD CASE#: [redacted]

AIB or HR NOTIFIED: AIB DATE:

AIB OFFICER: NATURE: 187 OFFICER INVOLVED

CASE HISTORY

The subject, a Hispanic male approximately 30 years of age, was in the vicinity of Shotwell Street between 18th Street and 19th Street. He was armed with a knife and in some manner sustained multiple gunshot wounds at the hands of police. He was emergently transported to San Francisco General Hospital (SFGH) were he underwent surgical procedures. He expired there on 04/07/2016 at 1242 hours.

Information was received from SFGH medical records, nurse Practioner Rebecca Menza, and San Francisco Police Department (SFPD) Officer Peralta filing incident report [redacted] On 04/07/2016 shortly after 1000 hours members of the Homeless Outreach Team came into contact with the subject who at that time was waving what was described as a large kitchen knife in the air. They contacted SFPD and officers responded to the scene. Once in the vicinity SFPD officers were directed to the subject who was at that time on Shotwell Street between 18th Street and 19th Street. They approached the subject using verbal commands and less-than-lethal bean bag rounds were deployed at the subject. These had no effect and the subject was then shot multiple times by police.

Emergency Medical Services were called with paramedics responding. The subject was emergently transported to SFGH Emergency Department. The subject was assessed and a thoracotomy was preformed. The subject was than taken to the Operating Room where an exploratory laparotomy was preformed. The subject was then taken to the Intensive Care Unit

Case#: [redacted]

MEDICAL EXAMINER / INVESTIGATOR'S REPORT

CITY AND COUNTY OF SAN FRANCISCO - RECORD OF DEATH

where he expired at 1242 hours.

This office was notified of the death at 1300 hours. This office then notified the SFPD Homicide Bureau at 1353 hours. Investigation at the scene revealed the subject supine on a metal morgue gurney unclothed and enclosed in a pouch. Gunshot residue samples were taken and the hands were placed in paper bags secured at the wrists with zip ties. Three antemortem samples were collected from the hospital. One of these samples was possibly pretransfusion and the collection date was indicated as 04/07/2016 at 1115 hours. Identification and notification of next of kin is pending at this time.

INVESTIGATOR: THOMAS MCDONALD #110 MARK NAGAYO #112

City and County of San Francisco — Chief Medical Examiner

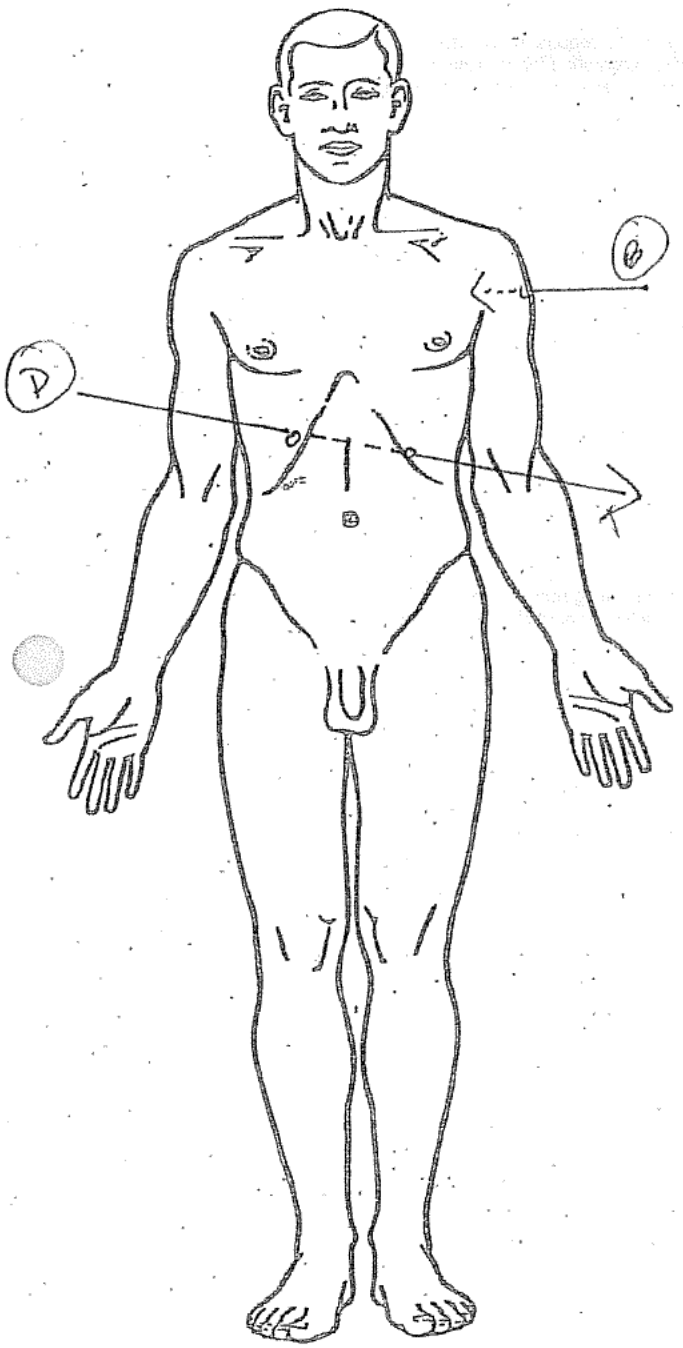
Case#: [redacted] SFOCME

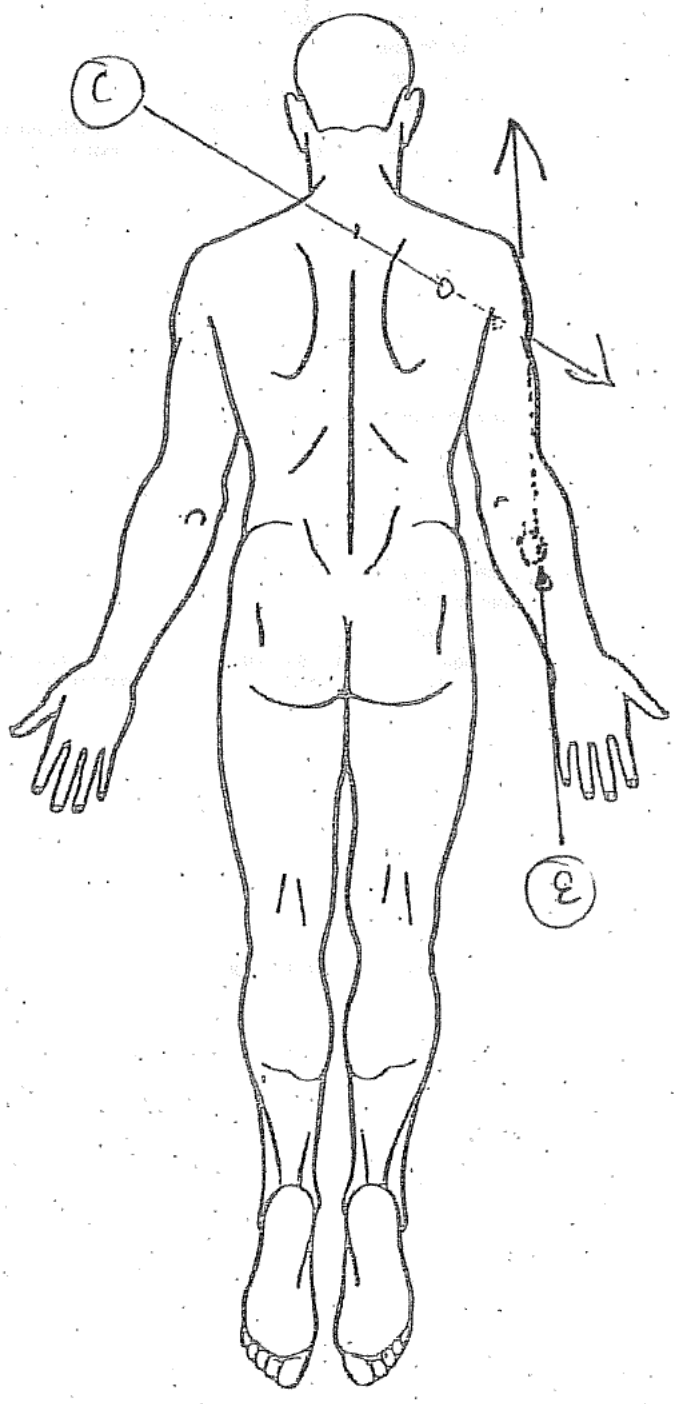
Case No.: _____

Name: GONGORA, LUIS
Age: 45 Sex: MALE
MH AH EM JP HN Date: 4/8/16

Autopsy Date: _____ TRV _____ Examiner: _____

Clarification Diagram





Case#: [redacted] Status: CLOSED

Name: GONGORA | LUIS alias: DOE #44 | JOHN

Date: 04/08/2015
Time: 9:00
Contact_Person: MEXICAN CONSULATE
Contact_Phone:

Comments:

Three telephone calls to the San Francisco Mexican Consulate were made at the request of Director Wirowek. Each call went unanswered and the telephone call directory, when prompting for an "English" speaker, would disconnect the call. I was unable to speak with a representative as each attempt resulted in the repeated directory error.

Investigator: ZACHARY SMITH

Date: 04/07/2015
Time: 19:15
Contact_Person: SGT. M. HUTCHINGS
Contact_Phone:

Comments:

Homicide Bureau was informed of the identification of the deceased and the pending notification of family members. Review of CLETS, Accurint, and local hospital records were negative for next of kin on the subject.

Investigator: THOMAS MCDONALD #110

Case#: [redacted] Status: CLOSED

Name: GONGORA | LUIS alias: DOE #44 | JOHN

Date: 04/07/2016
Time: 23:00
Contact_Person:
Contact_Phone:
Comments:

[redacted]
was
Cou

Investigator: CHRISTOPHER J. WIROWEK #

Date: 04/07/2016
Time: 23:45
Contact_Person: Deputy Castaneda #C7859
Contact_Phone:
Comments:

[redacted]
teleph

Investigator: CHRISTOPHER J. WIROWEK #

Case#: [redacted] Status: CLOSED

Name: GONGORA | LUIS alias: DOE #44 | JOHN

Date: 04/08/2016
Time: 1:00
Contact_Person: Sheriff Deputy Harer #10733
Contact_Phone:
Comments:

[redacted]

Investigator: CHRISTOPHER J. WIROWEK #

Date: 04/08/2016
Time: 18:30
Contact_Person: [redacted]
Contact_Phone:
Comments:

[redacted]

Investigator: CHRISTOPHER J. WIROWEK #

Case#: [redacted] Status: CLOSED

Name: GONGORA | LUIS alias: DOE #44 | JOHN

Date: 04/11/2016
Time: 15:56
Contact_Person:
Contact_Phone:
Comments:

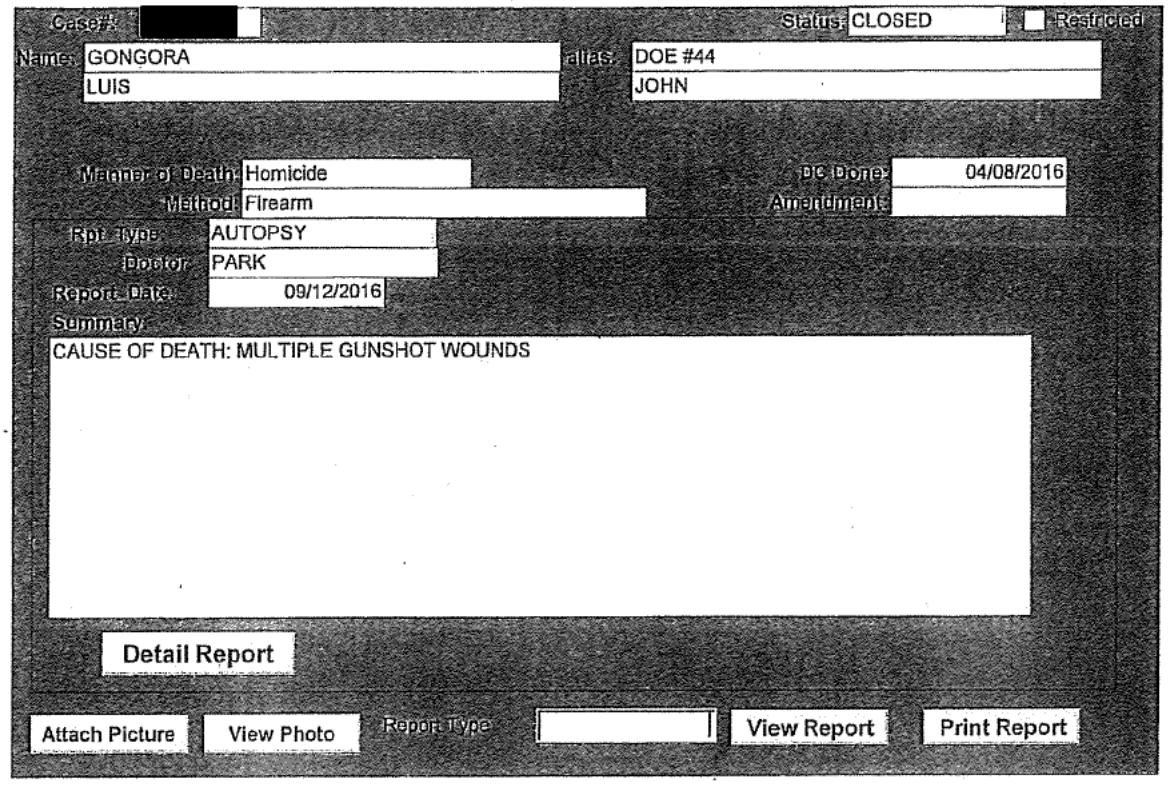
[redacted]

Investigator: CHRISTOPHER J. WIROWEK #

Date: 04/13/2016
Time: 7:45
Contact_Person: Gary Watts, Homicide
Contact_Phone:
Comments:

I returned a call to Homicide Investigator Gary Watts regarding the autopsy findings. We discussed each wound track and confirmed there were 6 gunshot wound tracks in the body.

Investigator: JENNIFER PARK, D.O. #107


Case#:
Status: CLOSED
Restricted
Name: GONGORA
LUIS
alias: DOE #44
JOHN
Manner of Death: Homicide
Method: Firearm
DIC Done: 04/08/2016
Amendment:
Rpt Type: AUTOPSY
Doctor: PARK
Report Date: 09/12/2016
Summary:
CAUSE OF DEATH: MULTIPLE GUNSHOT WOUNDS
Detail Report
Attach Picture
View Photo
Report Type:
View Report
Print Report

CITY AND COUNTY OF SAN FRANCISCO
Office of the Chief Medical Examiner
Medical Division

Case No. [redacted]

Name: **GONGORA, LUIS** Date & Time of Necropsy: **April 8, 2016 0900 Hours**
AKA: **DOE #44, JOHN**

Age: **45** Height: **5′ 6″** Weight: **152 lbs.**

PRELIMINARY EXAMINATION: The body is that of a male, received in a sealed plastic pouch with blue seal # 21520 that is broken at 4:14 PM on April 7, 2016. A Medical Examiner identification tag is attached to the body bag, labeled "John Doe #44 2016-0349." The decedent is received wearing a hospital gown. There are no items of jewelry on the body, which is not accompanied by other valuables. Slight to moderate rigor mortis is in the larger muscle groups of the upper and lower extremities and the smaller muscle groups of the neck and jaw. Pink-purple lividity is posterior, and the body is cold to the touch.

EXTERNAL EXAMINATION: The body is well-developed and well-nourished. The scalp has a full crop of up to 6 inches in length, straight black hair. Facial hair consists of a trimmed mustache and beard stubble. The eyes have brown irides. The bulbar and palpebral conjunctivae have no petechiae. Hemorrhagic chemosis is in bilateral bulbar conjunctivae. The sclerae are nonicteric. The pupils are equal. The external nose is normally formed, and the midline septum is intact. The external ears are normally formed, and the auditory canals are normal. The oral mucosa is tan, smooth, and moist, and the upper and lower frenula are intact. The teeth appear natural and are in fair repair.

The neck contents are midline. The chest and abdomen are both symmetric. The abdomen is flat. The vertebrae are in the midline of the back, and the anus and external genitalia are normal. The penis does not appear circumcised. The testes are bilaterally descended within the scrotal sac.

The upper and lower extremities are normally formed, with a normal distribution of associated soft tissues. The fingernails are medium length and thickened, and have been previously cut on April 7, 2016. The fingernail clippings were submitted as "Evidence." The toenails are short and thickened.

IDENTIFYING MARKS AND SCARS: An illegible tattoo that appears to start with the letter "L" is on the base of the left thumb. A 1/2-inch irregular ovoid scar is on the left elbow. A 1-inch linear scar is on the medial distal left thigh. Linear scars, up to 1/2 inch, are on the left calf. Irregular scars are scattered throughout the left and right knees.

EVIDENCE OF MEDICAL INTERVENTION: An endotracheal tube enters the mouth and ends in the trachea. A hard cervical stabilizing collar is around the neck. Gauze wrap is around the top of the head. Gauze packing is within the gunshot wound on the left deltoid, and the wound is covered by gauze and adhesive dressing. A bilateral thoracotomy incision is on the mid chest, below the level of the 6th rib. The thoracotomy incision is covered by gauze and clear yellow adhesive tape. Two chest tubes, draining bloody fluid, enter the right lower chest, pass through the 8th intercostal space, and end in the chest cavity. Two chest

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tubes, draining bloody fluid, enter the left 7th intercostal space, and end in the chest cavity. A 14.5-cm vertical stapled incision is on the mid abdomen. A Foley catheter enters the urethra and ends in the urinary bladder. A single-lumen catheter enters the anteromedial proximal right upper arm. A single-lumen catheter enters the left antecubital fossa. A single-lumen catheter enters the right inguinal area. A hospital identification tag is around the left wrist labeled "India TR 2344." An intraosseous catheter enters the proximal anterior left lower leg. An intraosseous catheter enters the proximal right lower leg. A hospital identification sticker is in the medial right foot labeled "India, TR 2344." A hospital identification tag is bound to the left great toe labeled "India, TR 2344." A single-lumen catheter enters the dorsal left foot. A hospital identification tag is bound to the right great toe, labeled "India, TR 2344."

EVIDENCE OF INJURY:

PERFORATING GUNSHOT WOUND "A" OF LEFT UPPER FOREHEAD:
An entrance-type, irregular gunshot wound is on the left upper forehead, 1/2-inch below the vertex of the head and 2 inches to the left of the midline. The gunshot wound is a 4.5 x 3.4-cm irregular defect. No soot, stippling, or muzzle imprint is associated with the gunshot wound. An up to 2 mm margin of purple ecchymosis is at 7 to 8 o'clock of the wound. Brain matter is protrudes from the defect.

The projectile passes through the skin and soft tissues of the left forehead, through the left frontal and parietal skull, through the left temporoparietal lobes of the brain, and exits though a 1.8 x 1.5-cm irregular defect above and slightly posterior to the left ear. No soot or stippling is associated with the exit wound. The exit wound is 4-1/2 inches to the left of the midline, 3-3/4 inches below the vertex of the head, and 1-1/2 inches superior and posterior to the left external auditory meatus. Gray metal projectile fragments are recovered from within the left temporalis muscle, the soft tissues of the left temporal scalp, and left temporal lobe of the brain.

The wound path is associated with diffuse subgaleal ecchymoses in bilateral temporal and left parietal scalp, fractures of the left frontal, bilateral temporal, and bilateral parietal skull, approximately 200 ml of clotted subdural hematoma, pan-hemispheric and basilar subarachnoid hemorrhage, lacerations of the left temporal and parietal lobes, contusions on the left frontal, temporal and parietal lobes up to 3 x 2.5 cm in greatest dimension, and soft tissue and muscle ecchymoses.

The direction of the wound path, with the body in anatomical position, is downward, right to left, and front to back.

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PENETRATING GUNSHOT WOUND "B" OF LEFT DELTOID:
An entrance-type gunshot wound is on the left deltoid, 10-1/2 inches below the vertex of the head and 9-1/2 inches to the left of the anterior midline, and 2 inches below the top of the left shoulder. It is a 1 x 1-cm irregular ovoid defect. No soot, stippling, or muzzle imprint is associated with the gunshot wound. The wound has an up to 2 mm circumferential margin of purple ecchymosis.

The projectile passes through the soft tissues and muscles of the left upper arm, through the proximal left humerus, and a projectile is recovered from within the soft tissues and muscles of the left shoulder area. The projectile consists of a deformed copper-jacketed, gray metal core.

The wound path is associated with soft tissue and muscle ecchymoses and fracture to the left humerus.

The direction of the wound path, with the body in anatomical position, is slightly back to front and left to right.

PERFORATING GUNSHOT WOUND "C" TO RIGHT UPPER BACK:
An entrance-type gunshot wound is on the right upper back, 6-3/4 inches to the right of the midline, 14-1/2 inches below the vertex of the head, and 4-1/4 inches below the top of the right shoulder. It is a 1.4 x 1-cm irregular ovoid defect. No soot, stippling, or muscle imprint is associated with the gunshot wound. A 4 x 3-cm purple ecchymosis is at 2 to 4 o'clock. A 3.1-cm in length, irregular superficial abrasion is at 2 o'clock.

The projectile passes through the soft tissues and muscles of the right upper back, through the proximal right humerus, and exits the anterior right upper arm through a 1.7 x 1.1-cm irregular defect. No soot or stippling is associated with the exit wound. The exit wound is 4-1/2 inches below the top of the right shoulder and 16 inches below the vertex of the head.

The wound path is associated with soft tissue and muscle ecchymoses and fracture to the right humerus. Gray metal projectile fragments are recovered from the soft tissues and muscles of the right shoulder area.

The direction of the wound path, with the body in anatomical position, is left to right, downward, and back to front.

PERFORATING GUNSHOT WOUND "D" TO RIGHT LOWER CHEST:
An entrance-type gunshot wound is on the right lower chest, 2-1/2 inches to the right of the midline, and 20 inches below the vertex of the head. It is a 2.5 x 2-cm irregular defect. No soot, stippling, or muzzle imprint is associated with the gunshot wound. An up to 1 cm margin of purple ecchymosis surrounds the wound.

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The projectile passes through the soft tissues of the anterior chest wall and exits the left lower chest through a 2.5 x 2-cm irregular defect. No soot or stippling is associated with the wound. The exit gunshot wound is 1 inch to the left of the midline and 23 inches below the vertex of the head. An up to 3.2 cm margin of red-purple ecchymosis surrounds the wound.

The wound path is associated with soft tissue ecchymoses.

The direction of the wound path, with the body in anatomical position, is right to left and slightly downward.

PERFORATING GUNSHOT WOUND "E" TO MID RIGHT FOREARM:
An entrance-type gunshot wound is on the mid dorsal right forearm, 26-1/2 inches below the vertex of the head, and 17 inches below the top of the right shoulder. It is a 1.4 x 0.7-cm irregular ovoid defect.

The projectile passes through the soft tissues and muscles of the right forearm and exits through an irregular defect on the mid ventral right forearm, 15-3/4 inches below the top of the right shoulder and 26 inches below the vertex of the head. It is a 5.7 x 3-cm irregular defect. No soot or stippling is associated with the gunshot wound.

The wound path is associated with soft tissue and muscle ecchymoses.

The direction of the wound path, with the body in anatomical position, is back to front and upward.

PERFORATING GUNSHOT WOUND "F" OF RIGHT PROXIMAL FOREARM:
An irregular gunshot wound is on the lateral proximal right forearm, 9-1/2 inches below the top of the right shoulder. It is a 3.8 x 1-cm irregular defect. No soot, stippling, or muzzle imprint is associated with the gunshot wound. A 5.3 x 2.5-cm irregular gunshot wound is above the right elbow, centered 17 inches below the top of the right shoulder, and 22 inches below the vertex of the head. No soot, stippling, or muzzle imprint is associated with the wound. A 6-mm irregular defect is immediately below this wound. The two defects extend into the soft tissue and muscle only and have intersecting wound tracts. Trajectory, and entrance and exit wounds cannot be discerned given the irregular configuration of the wounds.

The projectile passes through the soft tissues and muscles of the right forearm.

The wound path is associated with soft tissue and muscle ecchymoses.

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OTHER INJURIES:
Purple ecchymoses, up to 2-1/2 inches, are on the left upper eyelid and medial aspect of the left lower eyelid. A 2-3/4-inch purple ecchymosis is on the right upper eyelid and lateral aspect of the right lower eyelid. A 1/8-inch abrasion is on the nose. A 1-1/2 x 1-inch abrasion and light blue ecchymosis, up to 1/2 inch, are on the right upper mid back. Superficial abrasions, up to 1/2 inch, are below this area of abrasion and ecchymosis on the right mid back. A 1 x 1-inch abrasion and 2-1/2 x 2-1/2 blue-purple ecchymosis are on the right mid lateral back. A 1-1/4 x 1/2-inch abrasion is on the right lower back. A 4-mm irregular defect, with surrounding 2.5 x 2-cm circumferential light blue ecchymosis, is on the anterior right shoulder. No soot or stippling is associated with this irregular defect. There is no wound path. The defect extends into the soft tissue. A 5 x 2-1/2-inch blue-purple ecchymosis is on the lateral right upper arm. A 2-1/2 x 2-inch abrasion is on the lateral right upper arm.

INTERNAL EXAMINATION:
Bilateral thoracotomy incision is as previously described. The body cavities have no adhesions. The musculoskeletal system is well-developed. The muscles have a normal color and consistency. The vertebral column and pelvis are intact.

NECK: The anterior neck strap muscles and soft tissues have no injury. The hyoid bone and thyroid cartilage are intact. The thyroid gland is normal in size and has a tan, lobulated parenchyma without masses or cysts. The larynx and trachea are lined by intact and congested mucosa. The tongue has no injury.

HEAD AND CENTRAL NERVOUS SYSTEM: Subgaleal ecchymoses are as previously described. Skull fractures are as previously described. Subarachnoid hemorrhage and subdural hematoma are as previously described. The brain is 1230 grams. Injury to the brain is as previously described. The uninjured cerebral and cerebellar hemispheres are symmetric. The cerebral gyri and sulci are normal. The cingulate gyri, unci, and cerebellar tonsils are not herniated. The mammillary bodies and the cranial nerve roots are well formed and symmetric. The blood vessels on the base of the brain, including the circle of Willis, are well formed and patent. The pituitary gland is grossly normal.

The gray-white matter demarcations are distinct. The gray matter is tan and uniform. The subjacent white matter has no cystic or mass lesions. The central nuclei are well formed and symmetric. The hippocampi are normally formed. The ventricles are normal in size. The corpus callosum is well formed and intact. The cerebellum, midbrain, pons, and medulla oblongata have no gross parenchymal abnormalities. The substantia nigra is gray-tan.

CARDIOVASCULAR: The heart is 370 grams. The pericardial sac is intact. The epicardial surfaces are smooth and have increased fat. The coronary arteries arise normally

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from the aortic root, and their ostia are patent. The coronary arteries are distributed normally and have slight atherosclerosis. The right coronary artery supplies the posterior descending artery. The left free ventricular wall, the interventricular septum, and the right ventricular wall are 1.2, 1.4, and 0.3 centimeter, respectively. The atria are not dilated, and the atrial septum is intact. The heart chambers are unremarkable. The endocardial surfaces are smooth. The tricuspid, pulmonic, mitral, and aortic valve circumferences are 10, 6.2, 9.4 and 6 centimeters, respectively. The valves are normally formed and have no fusion, vegetations, or fenestrations. The chordae tendinae are intact and not thickened. The aorta has no injury and is normal in course, caliber, and branch pattern. The endothelial surfaces are yellow and have slight atherosclerosis. The pulmonary vasculature is well-formed and patent.

RESPIRATORY: The right and left lungs are 380 and 450 grams, respectively. The pleural surfaces are pink-red anteriorly, red-purple posteriorly and have slight anthracotic mottling. The lungs are collapsed within the chest cavities. The parenchyma is dark red-purple, moderately congested, and has no focal lesions. The pulmonary vessels and bronchi are normally formed and patent. The hilar lymph nodes are normal.

HEPATOBILIARY: The liver is 1840 grams. The capsule is smooth and intact. The parenchyma is brown, has a normal consistency, and has no focal lesions. The vessels of the porta hepatis are normal. The gallbladder contains 10 milliliters of tan bile and no calculi. The biliary tree is patent.

GASTROINTESTINAL: The esophagus is lined by intact, tan mucosa. The stomach contains approximately 200 milliliters of brown fluid. The gastric mucosa is intact, tan, and has slightly decreased rugal folds. The mucosa of the small and large intestines is intact, and there is no obstruction, perforation, or masses. The rectum is normal and contains slightly firm, green stool.

HEMATOPOIETIC: The spleen is 70 grams. It has a finely wrinkled, purple-gray, and intact capsule. The parenchyma is dark red-purple.

ENDOCRINE: The pancreas is normal in size and has a tan, lobulated parenchyma. The adrenal glands are normal in size and have bright yellow cortices and soft, brown medullae.

GENITOURINARY: The right and left kidneys are 150 grams each. The cortical surfaces are smooth. The cortices are up to 6 millimeters. The renal vessels are patent. The parenchyma is tan-brown and has well-defined corticomedullary junctions. The calyces and ureters are not dilated and drain normally. The urinary bladder contains 2 milliliters of yellow urine and has an intact mucosa. The prostate gland is not enlarged. The seminal vesicles are normal. The cut surfaces of the testicles have no ecchymoses or masses.

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CITY AND COUNTY OF SAN FRANCISCO
Office of the Chief Medical Examiner
Medical Division

Case No. [redacted]

Name: **GONGORA, LUIS** Date & Time of Necropsy: **April 8, 2016 0900 Hours**
AKA: **DOE #44, JOHN**

AUTOPSY FINDINGS:

I. PERFORATING GUNSHOT WOUND "A" OF THE LEFT FOREHEAD:
   - A. SUBGALEAL ECCHYMOSES
   - B. MULTIPLE SKULL FRACTURES
   - C. SUBDURAL HEMATOMA
   - D. SUBARACHNOID HEMORRHAGE
   - E. LACERATIONS OF BRAIN
   - F. CONTUSIONS OF BRAIN
   - G. SOFT TISSUE AND MUSCLE ECCHYMOSES
   - H. EXIT WOUND POSTERIOR TO LEFT EAR
   - I. PROJECTILE FRAGMENTS RECOVERED FROM LEFT TEMPORALIS MUSCLE AND LEFT TEMPORAL LOBE

II. PENETRATING GUNSHOT WOUND "B" OF LEFT DELTOID:
   - A. FRACTURE OF LEFT HUMERUS
   - B. SOFT TISSUE AND MUSCLE ECCHYMOSES
   - C. PROJECTILE RECOVERED FROM SOFT TISSUES AND MUSCLES OF LEFT SHOULDER AREA

III. PERFORATING GUNSHOT WOUND "C" OF RIGHT UPPER BACK:
   - A. FRACTURE OF RIGHT HUMERUS
   - B. SOFT TISSUE AND MUSCLE ECCHYMOSES
   - C. EXIT WOUND ON ANTERIOR RIGHT UPPER ARM
   - D. PROJECTILE FRAGMENTS RECOVERED FROM SOFT TISSUES AND MUSCLES OF RIGHT SHOULDER AREA

IV. PERFORATING GUNSHOT WOUND "D" OF RIGHT LOWER CHEST:
   - A. SOFT TISSUE ECCHYMOSES
   - B. EXIT WOUND ON LEFT LOWER CHEST

V. PERFORATING GUNSHOT WOUND "E" OF MID DORSAL RIGHT FOREARM:
   - A. SOFT TISSUE AND MUSCLE ECCHYMOSES
   - B. EXIT WOUND ON MID VENTRAL RIGHT FOREARM

VI. PERFORATING GUNSHOT WOUND "F" OF PROXIMAL RIGHT FOREARM:
   - A. SOFT TISSUE AND MUSCLE ECCHYMOSES

VII. STATUS POST BILATERAL THORACOTOMIES, RECENT

VIII. STATUS POST MULTIPLE CHEST TUBE PLACEMENTS, RECENT

CAUSE OF DEATH: **MULTIPLE GUNSHOT WOUNDS**

MANNER: **HOMICIDE**

Spec. to Pathology: Heart, lung, spleen, liver, kidney, brain, aorta, and thyroid gland.

SFDPA - 0179-14 - 000116

CITY AND COUNTY OF SAN FRANCISCO
Office of the Chief Medical Examiner
Medical Division

Case No. [redacted]

Name: **GONGORA, LUIS**
AKA: **DOE #44, JOHN**

Date & Time of Necropsy: **April 8, 2016 0900 Hours**

Spec. to Histology: None.

Spec. to Microbiology: None.

Spec. to Toxicology: Two (2) antemortem blood specimens, one (1) antemortem serum, iliac vein and central heart blood, vitreous humor, gastric contents, urine, bile, liver tissue, and right quadriceps muscles are retained. A toxicology report will be issued separately.

Radiographs: Full body X-rays are taken by Jennifer Park, D.O., Assistant Medical Examiner, San Francisco Medical Examiner's Office and filed.

Physicians Present: M.D. Hunter, M.D., A.P. Hart, M.D., E.G. Moffatt, M.D., H. Narula, M.D.

Forensic Techs: D. Etheredge.

Photographer: D. Etheredge and Jennifer Park, D.O., Assistant Medical Examiner, San Francisco Medical Examiner's Office.

Evidence: Two (2) blood spot on filter paper, Medical Examiner's seal #21520, left and right hand fingernail clippings, pulled scalp hair, left and right hand swabs, left and right hand bags, gunshot residue (GSR) kit, projectile from right shoulder, projectile fragments from head, projectile from left shoulder.

9/2/16
Jennifer Park, D.O.
Assistant Medical Examiner

M.D. Hunter, M.D. MH
A.P. Hart, M.D.
E.G. Moffatt, M.D.
J. Narula, M.D.
J. Park, D.O.

JP/PMT

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SFDPA - 0179-14 - 000117

City and County of San Francisco

FORENSIC LABORATORY DIVISION

Office of the Chief Medical Examiner

TOXICOLOGY REPORT

NAME: GONGORA, LUIS
CASE NO: 2016-0349T

SUBMISSION DATE: 04/11/2016 M. E.: JP
REPORT DATE: 09/12/2016

ANALYTICAL RESULTS:

SPECIMEN TYPE	COMPOUND	RESULT	UNITS	ANALYSIS BY
Blood (AM[1])	Methamphetamine	1.01	mg/L	GC-MS
Blood (AM[1])	Amphetamine	0.14	mg/L	GC-MS
Blood (AM[2])	Mephentermine	Detected		GC-MS
Blood (AM[1])	Δ^9-THC	2	ng/mL	LC-MS/MS
Blood (AM[1])	Δ^9-Carboxy THC	9	ng/mL	LC-MS/MS
Blood (AM[2])	Caffeine	Confirmed Present		GC-MS

COMMENTS

[1]Blood (AM): 04/07/2016; unknown hrs, "post-transfusion" written on label.
[2]Blood (AM): 04/07/2016; 1115 hrs.
Report prepared by AJM. AJM

Luke N. Rodda, Ph.D.
Acting Director & Chief Forensic Toxicologist

ANALYTICAL PROTOCOL:

Specimens submitted were subjected to Analytical Panels A, B and C. Analytical Panel A employs HS-GC-FID to detect and quantify ethanol, methanol, isopropanol and acetone. Analytical Panel B employs ELISA, GC-MS and/or LC-MS/MS to detect, confirm and/or quantify Amphetamines, Barbiturates, Benzodiazepines, Cannabinoids, Cocaine, Fentanyl, Methadone, Phencyclidine (PCP), Opiates/Opioids and Tricyclic Antidepressants. Analytical Panel C employs GC-MS to detect and/or confirm over one hundred drugs and metabolites. Please contact the Forensic Laboratory Division if you have questions regarding specific substances.

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